

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 193

Registered No. 696

1. PLACE OF BIRTH

County Gila State ARIZONA
District or Township Lower Miami or Village _____
City MIAMI No. 22 Van Winkle Canyon St. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

2. Full name of child

Nelda Murrell

3. Sex of Child } To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Dec 27 1930
Month Day Year

8. FATHER

Full name Turn Clark Murrell

9. Residence (Usual place of abode) MIAMI, ARIZONA

If non-resident, give place and state.

10. Color or race White
Mexican

11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation mail carrier
Nature of Industry

14. MOTHER

Full maiden name Kathryn Martenson

15. Residence (Usual place of abode) MIAMI, ARIZONA

If non-resident, give place and state.

16. Color or race White
Mexican

Age at last birthday 29 (Years)

18. Birthplace (city or place) Mexico
(State or country)

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:30 A on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _____

MIAMI, ARIZONA

Given name added from a supplemental report

Month, day, year

Address _____

Filed Jan 5, 1931

Registrar.

F. F. MILLER, M.D.

(Physician or midwife.)

G. E. Jern
Registrar.

543-1227-245